

# COUNTY OF LOS ANGELES

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## DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

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July 2, 2009

TO: Each Supervisor  
*Robin Kay for*

FROM: Marvin J. Southard, D.S.W.  
Director of Mental Health

SUBJECT: **REPORT ON MENTAL HEALTH SERVICES ACT (MHSA) FUNDING OPPORTUNITIES AND TRANSFORMATION EFFORTS**

On February 12, 2008, your Board directed the Chief Executive Officer (CEO) and Director of Mental Health to: 1) assist community agencies in transforming their programs to utilize Mental Health Services Act (MHSA) funding to mitigate the impact of the 2007-08 budget deficit on services to clients; 2) work with stakeholders to advocate with the State to allow for maximum flexibility in the use of MHSA funding to mitigate impact to current and future services; and 3) pursue such actions, including advocating to the State, to allow counties to place funds generated from future one-time MHSA allocations and/or potential MHSA savings into the County MHSA special fund. These funds could be used for future contingencies including maintaining services outside of the MHSA plan.

In addition, your Board directed the CEO and Directors of Mental Health, Children and Family Services (DCFS), and Public Health (DPH) to report back, on a quarterly basis, to: 1) identify MHSA funding to maximize services to address the mental health needs of foster children; 2) identify specific new mental health screening, assessment and treatment services that MHSA could fund; and 3) develop a clearly defined interdepartmental strategy by which MHSA funds will support improved outcomes in prevention, reunification and permanency for foster youth.

This report is being submitted directly by the Department of Mental Health (DMH). It will update you on efforts to assist community agencies in transforming their programs to utilize MHSA funding and advocacy conducted with the State to obtain maximum flexibility in the use of MHSA funding. This also provides the fourth and final quarterly report on MHSA funding opportunities to maximize mental health services to foster children.

*"To Enrich Lives Through Effective And Caring Service"*

## TRANSFORMATION OF MENTAL HEALTH PROGRAMS

As previously communicated in the March 11, 2009 quarterly report submitted by DMH, the Department successfully lessened the impact of the Fiscal Year (FY) 2007-08 budget deficit on clients by transforming to MHSa appropriate services.

- Field Capable Clinical Services (FCCS), initially implemented only for older adults, are now being offered to clients of all age groups. This includes the delivery of FCCS to foster youth in schools and other community-based settings.
- Full Service Partnership (FSP) programs were expanded.
- New Wellness Centers were implemented throughout the County.
- Specialty programs, delivering outreach and engagement services to hard-to-reach populations expanded, using MHSa funding.

During the fall of FY 2008-09, directly related to the downturn in the economy in California, DMH identified an additional shortfall in funding due to the decrease in Vehicle License Fees (VLF) and Sales Tax Realignment dollars. To address this shortfall, DMH convened a stakeholder workgroup and an ad hoc advisory committee of contract providers to develop a strategy for mitigating this funding gap. Similar to the approach developed to mitigate the FY 2007-08 deficit, DMH supported community agencies that elected to transform their programs utilizing MHSa funding in order to preserve service capacity to the greatest degree possible.

The combination of these two MHSa expansion opportunities has resulted in the either the development of new programs or the expansion of existing MHSa Community Services and Supports (CSS) programs. The total number of agencies delivering new programs are listed in the table below by program type and age group.

MHSa Programs	Children	Transition Age Youth (TAY)	Adults	Older Adults
Full Service Partnership (FSP)	0	0	2	3
FCCS	6	10	17	10
Wellness Centers/Client-Run Centers	0	0	11	0
TAY Probation Camps	0	18	0	0
Drop-in Centers (TAY)	0	3	0	0

### Advocacy Efforts

DMH continues to have close collaboration with other California counties and stakeholders to encourage the State to provide counties with the flexibility to use any



potential new MHSA funding to support system-wide efforts to transform mental health services, particularly as budgetary constraints in the traditional mental health services programs threaten to eliminate mental health services to vulnerable populations, including the uninsured and underinsured.

## **MHSA FUNDING - FOSTER CHILDREN**

### **Maximizing Services**

As described in the August 19, 2008 memo to your Board, in its spending plan for 2008-09 MHSA CSS growth dollars, DMH included an additional \$3.3 million to support expanded services to foster youth. This funding is being used to expand FSP slots for children and TAY currently in foster care. MHSA funds will be used to draw down Early and Periodic Screening, Diagnosis and Treatment Medi-Cal funds enabling DMH to provide intensive evidence-based services to an additional 525 children and 223 TAY in foster care. This expansion will be implemented in FY 2009-10 as part of the Katie A settlement agreement to increase capacity of wraparound 'like' programs.

Analysis of the current 1,620 FSP children/youth authorized for services as of June 1, 2009, demonstrate that approximately 80 percent of the children/youth have a history of or are currently under the supervision of DCFS.

As part of the transformation process in FY 2007-08, DMH supported providers that wished to develop and implement FCCS for children and youth. FCCS involves the delivery of services outside of traditional mental health settings, including in locations such as clients' homes, foster homes, schools, and other locations where children, TAY and their families may gather. While not as intensive as FSP programs, FCCS services may be an appropriate community-based option for foster children whose level of mental health need does not necessitate wraparound-type services. Agencies have elected to deliver FCCS services to children in foster care; six providers are now delivering these community-based interventions in different locations throughout the County. In addition, 10 agencies have elected to provide FCCS services to TAY, including those involved with the foster care system. Finally, TAY systems navigation teams comprised of a psychiatric social worker and housing coordinator are working in each service area to enhance outreach, engagement and linkage to mental health services for youth involved in foster care.

### **New MHSA Funded Services and Interdepartmental Strategy**

The Prevention and Early Intervention (PEI) component of MHSA will present additional opportunities to address the needs of youth in the foster care system, as well as those at risk of entering foster care. Community-based planning for the PEI component of the MHSA has concluded. Each of the eight DMH Service Area Advisory Committees (SAACs) established a 29-member ad hoc PEI steering committee comprised of both public and private stakeholders who are knowledgeable about community priorities. The steering committees developed recommendations for the County's PEI Plan regarding priority populations and PEI program strategies for their respective areas based upon findings from the PEI needs assessment activities (key individual interviews, focus groups, data profiles) and community forum data. A ninth ad hoc PEI steering committee for countywide populations was formed to develop recommendations for six special populations (American Indians, deaf/hard-of-hearing, gay/lesbian/bisexual/transgender, juvenile justice, veterans, and countywide health plans).

In addition to the community forums and teach-ins on evidence-based models for prevention, a DMH and DPH workgroup focusing on the needs of children ages 0 to 5 has continued its work. This interdepartmental workgroup finalized prevention proposal to strengthen perinatal support networks for at-risk low-income first-time pregnant women who can continue to be served up to the child's 2<sup>nd</sup> birthday. By intervening at this critical time, it may be possible to reduce risk factors and stressors associated with initial onset of mental illness, and promote practices that enhance brain development during the early lives of vulnerable children. Such prevention proposals are intended to strengthen families, thereby ultimately reducing children's risk of entering foster care.

The finalized Los Angeles County PEI plan includes several key PEI projects that will benefit children and youth in stressed families who are at risk of entering the foster care system. These components include the following:

- At-Risk Families. Stakeholders elected to dedicate MHSA funds in the amount of \$10,780,611 to implement a total of 13 discrete strategies to assist children and youth in stressed families. The goal of these services will be to help families enhance their strengths in an effort to prevent or minimize involvement with the foster care system.
- Family Education and Support Services. An additional \$11,324,296 in PEI funding was identified to develop families' skills in understanding the developmental and mental health needs of children in order to better meet them. A total of 9 discrete strategies and projects will be implemented throughout the County of Los Angeles to achieve this goal.
- Other PEI projects focused on children and youth include School-based Services, Trauma Recovery Services, Early Care and Support for TAY, and services that may be delivered to children and youth under the auspice of Primary Care & Behavioral Health.



DMH continues to make progress on the identification and utilization of MHSA fundable services. We thank you for the opportunity to brief your Board on the status of the many programs that address the needs of youth at risk of or involved with the foster care system, as well as the use of MHSA funding to maintain – to the extent possible – the system of mental health service delivery in Los Angeles County.

If you have any questions, please contact me, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108 or at [rkay@dmh.lacounty.gov](mailto:rkay@dmh.lacounty.gov).

MJS:RK:tld

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